

From: Commander, _____ Coast Guard District (r)

To: Commandant (G-RS)

Subj: SELRES GI BILL; TERMINATION/RECOUPMENT DATA

Ref: (a) COMDTINST 1001.30

1. The following member is ineligible for benefits outlined in reference (a) and should be terminated/recouped as indicated below:

a. _____
Last Name, First Name, MI Rank/Rate

b. _____
SSAN

c. _____
Eligibility Start Date (Block 10 of NOBE)

d. _____
Eligibility Termination Date (YYMMDD) (ex: 850602)

e. _____
Months of Obligated Service Remaining at Termination Date

f. ELIGIBILITY STATUS (CHECK ONE):

- ☐ Eligible
- ☐ Ineligible (did not complete IADT, 180 days SELRES, or 6 yrs commitment)
- ☐ Ineligible (awarded a BA degree)
- ☐ Ineligible (no secondary school diploma/certificate)
- ☐ Termination (erroneous eligibility)
- ☐ Termination (unsatisfactory participation)
- ☐ Termination (separation from the SELRES)

g. RECOUPMENT ACTION (CHECK ONE):

- ☐ Required
- ☐ Not Required
- ☐ Waived

Copy: Member's District Service Record